



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH CROWN POINT

City of Hospital: Crown Point

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

Email Address: kendra.schuett@franciscanalliance.org

Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$344251205
Outpatient Patient Service Revenue	\$503504496
Total Gross Patient Service Revenue	\$847755701

2. Deductions From Revenue

Contractual Allowance	\$561187633
Other Deductions	\$20886556
Total Deductions	\$582074189

3. Total Operating Revenue

Net Patient Service Revenue	\$265681512
Other Operating Revenue	\$10505016
Total Operating Revenue	\$276186528

4. Operating Expenses

Salaries and Wages	\$106368477	Employee Benefits	\$27588796
Depreciation and Amortization	\$26070008	Interest Expense	\$5985466
Bad Debt	\$907305	Other Expenses	\$102842933
Total Operating Expenses	\$269762985		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6423543	Total Assets	\$280888072
Net Non-operating Gains over Loss	\$1235021	Total Liabilities	\$55675652

Total Net Gains	\$7658564
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$391193394	\$315425008	\$75768386
Medicaid	\$113146371	\$87199687	\$25946684
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$343415936	\$179449493	\$163966443
Total	\$847755701	\$582074188	\$265681513

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$154868	\$0	\$154868

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$15465	\$-15465
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$4027	\$-4027

Number of Medical Professionals Trained	266
Number of Hospital Patients Educated	403788
Number of Citizens Exposed to Health Education Messages	12495

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5683829	
HCI Payments	\$0		
Subtotal	\$0	\$5683829	\$-5683829
Medicaid Shortfalls	\$23770402	\$44482147	
Subtotal	\$23770402	\$50165976	\$-26395574
DSH Payments	\$0		
Subtotal	\$23770402	\$50165976	\$-26395574
Medicare Shortfalls	\$108459543	\$179635411	
Other Government Programs	\$0	\$271178	
Total	\$132229945	\$230072565	\$-97842620

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10762942	\$21284283	\$-10521341
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$581485	\$-581485
Other Allocations	\$0	\$0	\$0

Comments

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